

<b>Case Number:</b>	CM15-0008934		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/25/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is 39 year old male who sustained a work related injury on September 25, 2010, sustaining injuries to the left knee. He also complained of back and shoulder pain. Magnetic Resonance Imaging (MRI) of the left knee revealed both medial and lateral meniscal tears. Magnetic Resonance Imaging (MRI) of the lumbar spine showed a lumbar sacral bulge. Treatments included physical therapy, lumbar blocks, pain medications, and anti-inflammatory medications. Currently, the injured worker complained of bilateral knee pain, back pain and leg pain. X rays of both knees were normal. Diagnosis of Reflex sympathetic dystrophy was made of the right leg. He was also diagnosed with sadness, anxiety, insomnia and feelings of being overwhelmed with chronic pain. On December 31, 2014, a request for 20 individual weekly sessions of Cognitive Behavioral Therapy was modified to 4 sessions, noting the California MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cognitive Behavioral Therapy 20 Individual Weekly Sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2014 update.

**Decision rationale:** Guidelines: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: A request was made for psychopharmacological consultation x1, and a request was also made for cognitive behavioral therapy 20 individual weekly sessions. Utilization review authorized the psychopharmacological consultation and authorized 4 sessions of cognitive behavioral therapy to help the patient cope with depression and anxiety. This IMR is a request to overturn the non-certification of the 20 individual cognitive behavioral therapy sessions. According to a primary treating physician progress report (PR-2) from the patient's requesting/treating psychologist, dated May 1, 2014, the patient has been diagnosed with Major Depression, single episode, moderate with anxiety and is tearful and sad and frustrated about his disability and pain and reports feeling overwhelmed, sad and stressed. The note reflects 5 dates of treatment that occurred in March and April 2014. The treatment plan reports continued cognitive behavioral interventions toward symptom relief with cognitive restructuring, relaxation training and emphasizing self-care. According to the requesting treatment provider, the treatment did not begin until late March so the authorization date would need to be extended in order for them to complete the authorized 20 weekly sessions. As best as could be determined, and it was unclear, an authorization had at some point been made for 20 sessions of which the patient completed a portion of the sessions (unknown quantity) and the additional sessions expired. According to the official disability guidelines the maximum quantity of sessions recommended for most patients consists of 13-20 sessions. This request for 20 sessions would be the equivalent of the maximum recommended quantity assuming that no other sessions have been provided which in this case at the very minimum 5 sessions has already been provided. It is likely that for more additional sessions have been provided given the date of his injury being several years ago and that the tone of the single progress note that was provided indicated familiarity and content beyond what

would be typical for a early treatment session. There is insufficient documentation describing the patient's prior psychological treatment history. Is unclear how many sessions and how long he's been in treatment. This information is needed in order to determine whether additional sessions conforms with MTUS/official disability guidelines for psychological treatment. Although over 500 pages of medical documents were considered for this review, there was almost no information provided whatsoever regarding prior psychological treatment: only one progress note was found and there was no comprehensive psychological evaluation provided. There was no active treatment plan with stated goals and dates of accomplishment. It is unclear how much treatment he has received to date and to what extent the patient is benefiting from the treatment. Because the request for 20 sessions exceeds the maximum recommended guideline of 13-20 (considering that he has had some treatment already) and because there is insufficient documentation of patient benefit in terms of objectively measured functional improvement, the medical necessity of the request was not established. This is not to say that the patient does, or does not, require continued psychological treatment only that the information provided was insufficient to establish the necessity of it. It should be noted that 4 sessions were allowed by utilization review and impartial modification of the request. Because medical necessity was not established the utilization review determination for non-certification is upheld.